



Arizona State Board of Massage Therapy

1400 W Washington, Suite 300, Phoenix, AZ 85007

Phone 602.542.8604 ♦ Fax 602.542.8804

www.massageboard.az.gov

RENEWAL APPLICATION

Leave no blanks. Use N/A if not applicable.

NO PERSONAL CHECKS NO PERSONAL CHECKS

Place photo here.
Scotch tape only.

Photo is optional –
not required.

Before completing this application refer to the checklist on page 2.

This will ensure application is complete and processing can be done in a timely manner.

License number required MT- _____

Birth date: mm _____ dd _____ yyyy _____

Expiration date required ____/____/____

****Do not send a renewal form prior to 65 days of your expiration date.****

1. Current name as it will appear on your license

first middle last
If your name has changed, attach legal court documentation (i.e. marriage certificate, divorce decree etc.)

2. Physical home address; No PO Box can be used for home address (see#4)

_____/_____/_____
Complete Street Address Apt# City State Zip Code

Phone is required Home # (_____) _____ - _____

3. Work or business address if different from home;

Name _____

_____/_____/_____
Street Address Ste # City State Zip Code

Business Phone # (_____) _____ - _____

4. Mailing address

_____/_____/_____
Street Address Apt/Ste City State Zip Code

Cell # (_____) _____ - _____

Indicate by checking the box which address you want posted on the Website: ☐ Home ☐ Work or Business ☐ Mailing
Home address will be public if no other address is given

5. Email address: print clearly

6. Citizen Status Declaration; Are you a US Citizen? ____ Yes ____ No.

Attach a legible copy of a document from List A which can be found on our website.

7. Alien Status Declaration: To be completed by applicants who are not citizens or national of the United States.

Attach a legible copy of a document from List B which can be found on our website.

OFFICIAL USE ONLY: DO NOT FILL IN	signed	CE	citizen prf	fee	late fee	updated	initials	Batch #	Date mailed
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DO NOT send CE proof if you received notified by postcard of your renewal .

8. R4-15-301. Required Continuing Education Hours

- A. During the two-year period immediately preceding license expiration, a licensee applying for a renewal license shall have completed 25 hours of continuing education.
- B. A licensee **MAY** complete a maximum of 12 continuing education hours from a correspondence or distance learning format.

9. A.R.S. 32-3208 requires reporting all felonies and some misdemeanors within ten days of the charge being filed. See our website for a list of reportable misdemeanors.

10. Required: I, the undersigned, do hereby attest under penalty of perjury, that I am the massage therapist named in this renewal; that all answers, facts and statements that are provided in this renewal are truthful. I am not omitting any information which may be of value to the Arizona State Board of Massage Therapy in considering this application for renewal of licensure.

I verify under oath that I have completed not less then 25 hours of continuing education, as described above, which I have in my possession, and that I will maintain the documents in my possession for 2 years.

Signature_____ Date_____

THIS RENEWAL FORM WILL UPDATE ALL OF YOUR INFORMATION. DO NOT SENT A CHANGE OF ADDRESS FORM WITH THIS RENEWAL FORM

IF YOU TURN IN A PERSONAL CHECK, THE COMPLETE APPLICATION WILL BE SENT BACK TO YOU AND LATE FEES MAY BE INCURRED.

USE THE CHECKLIST BELOW TO ENSURE YOUR APPLICATION IS COMPLETE.

Fee: **MONEY ORDER or CASHIER'S CHECK only**. Check appropriate amount below. **All fees are nonrefundable.**
Payable to the: **Arizona Massage Board -Do not submit a personal check**

1. ____ Renewal \$95.00
____ Renewal and \$25.00 Wall Certificate (optional) = \$120.00
____ Renewal and \$40.00 delinquent fee = \$135.00 - If postmarked after your expiration date
____ Renewal and delinquent fee and Wall Certificate \$160.00
____ Reinstatement fee \$220.00 please read below.

(Use this only if you have missed 2 renewal cycles and not exceeded 3 years from your last expiration date. Mandatory: copies of at least 25 hours of CE's must accompany the renewal form.)

2. ____ A legible copy of citizen or alien status document. Most commonly used forms:
Citizen Status: Birth certificate, Passport or AZ Driver License issued after 1996. (From list A on website)
Alien Status: Resident Card, or Passport (from list B on website)

name on proof of citizenship/alien status must match the name on your renewal form – if it doesn't match, send documentation of name change.

3. ____ **OPTIONAL** Include a photo if you would like to update existing photo on file.
4. ____ Application signed and dated in section 10.

Renewals are processed in the order they are received. If your application is not complete, you will be notified by email only. It is your responsibility to contact us if you have not received your renewed license within 4 weeks of submission.